YMCA BOURNEMOUTH

 Child Contact Centres

**Application for Child Contact**

**Guidelines for Referrer**

1. YMCA Bournemouth Child Contact Centre facilitates Supervised, Supported and Handover contact Monday-Sunday between 10am and 7pm.
2. The application form will only be processed on receipt of an admin fee and the form being fully completed, including signature for the applicant. Upon receipt of referral requirements consent forms will be sent out to both parties.
3. It is the responsibility of the referring agent (where applicable) to ensure: both named parties are aware of the contents of the completed application form, that both parties have signed the form (or it has been signed on their behalf by an appropriate representative) and that all fields are completed to the best of the agencies knowledge.
4. It is the responsibility of the referring agent to ensure payment matters have been discussed and agreed prior to requesting any contact sessions.
5. Space at the Centre may be limited and at times we may have to operate a waiting list. At least 10 working days (office hours Monday – Friday) is required to process a complete application after receipt of fees.
6. We will be pleased to confirm dates and times of attendance, but we cannot give written reports other than the factual notes provided in Supervised contact sessions (which had been previously booked). Upon request, we can provide a brief summary of supported contact sessions, there will be additional charges for this.
7. Please inform the Child Contact Centre Coordinator, or Head of Family and Relationship Services, if any changes occur to the information contained in this form. (e.g. revised Court Order).
8. Please inform the Child Contact Centre Coordinator of any changes in contact details, background information, changes in contact times or if the family no longer wishes to use the Centre.
9. Please ask the Child Contact Centre Coordinator if you would like a copy of our policies and procedures.
10. Please be aware that if you cancel contact with less than 3 office working days’ notice (Monday-Friday) you will still be charged for the contact session.

**Thank you for your co-operation. Please retain these guidelines for your information**

***Please Note Charges:*** *One-off referral fee (per family, regardless of type of contact) - £55, Mandatory pre-contact visit - £42, Supervised Contact - £55 per hour, Group Supported Contact - £35 per hour (up to two children + £7 per additional child), Handover Contact per family - £35, Report for Court - £125, Court Attendance - £250 per half day (plus expenses). Prices include VAT where applicable.*

Concessions are available on a means tested basis Local Authority rates available on request

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| **Type of child contact requested – please tick****Supported Supervised Handover**  |

**Application for Child Contact**

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| **Referrer’s Details** |
| Name: |  | Phone: |  |
| Address:Post code: |  | Connection to family: |  |
| Email: |  |
| How did you hear about this service? |  |

**Please ensure all details on this form are completed correctly and accurately.**

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| --- |
| Child/ren’s Full Names Date(s) of Birth Boy/Girl    |

**Details of applicant.**

\*Adult with whom child resides/\*Adult who will have contact. (\* delete as applicable)

(Mr/Mrs/Miss/Ms) Name:………………………………………………………………………………………

Address……………………………………………………………..…………………………………………..

…………………………………………………………………..……………………………………………….

Post Code……………………………………………Telephone ……………………………………………

Mobile No…………………………………………….Date of Birth…………………………………………

Email……………………………………………………………………………………………………………

Relationship to child/ren…………………………….Ethnicity………………………………………………

**Known details of non-applicant adult.**

\*Adult with whom child resides/\*Adult who will have contact. (\* delete as applicable)

(Mr/Mrs/Miss/Ms) Name:………………………………………………………………………………………

Address……………………………………………………………..…………………………………………..

…………………………………………………………………..……………………………………………….

Post Code……………………………………………Telephone ……………………………………………

Mobile No…………………………………………….Date of Birth…………………………………………

Email……………………………………………………………………………………………………………

Relationship to child/ren…………………………….Ethnicity………………………………………………

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| Is there a court order relating to the contact? Yes/No Case ref No:  |
| If ‘Yes’, please attach a copy. |
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| What other court orders have been made in relation to the child(ren) and when?  |
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| Cafcass Officer name Tel No:- |

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| Must the children stay at the Centre? Yes/NoIf no, have both parents agreed the child can be taken out of the Contact Centre? Yes/No Are the parents willing to meet? Yes/No |

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| **Is the family known to Social Services? Yes/No** |
| If ‘Yes’, please give name and contact details of social worker and brief background regarding involvement. |
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**Do any of the children named on this referral form have an EHA?** (Early Help Assessment, formerly known as Common Assessment Framework or equivalent assessment) **YES/NO**

If yes, please provide registration number and Lead Professional contact details**:**

**Referred by (Please Tick):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Services** |  | **Self** |  | **CAFCASS** |  |
| **Solicitor** |  | **Other** |  |  |  |
| **Please provide details where to invoice for costs:** Please note payment of referral fee must be received in advance to process the application and all payments for contact must be paid prior to confirming any contact sessions. BACS details are available upon request |

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| **Frequency of contact weekly fortnightly monthly other** (please specify) |
| **Duration of Contact 1 Hour 2 Hours Other** (please specify)  |
| **Days and times children available for contact:** (Contact can be arranged between 10am and 7pm Monday – Sunday) |
| **Dates and times contact parent available contact:** (Contact can be arranged between 10am and 7pm Monday to Sunday) |
| **Names and relationships of all other people allowed to participate in contact, stating ages of any children:** (must be agreed by both parents.) |
| **Number of visits proposed:** |
| **Further court review dates:** |

**Background Information Required:**

1. Length of time since the child/ren had contact?
2. When and where did contact take place? Please give details.
3. Has the family ever used another Contact Centre? **Yes/No**

If Yes, please provide name and address of previous contact centre and relevant professional involved.

Please explain why the previous contact ended:

1. Has any child named on this referral form been included in Child Protection proceedings? **Yes/No**

If yes, please give brief details:

1. Has any adult, who will be using the Centre under the terms of this referral, been convicted of any criminal offence? **Yes/No**

 If yes please give brief details:

1. Do both parties have parental responsibility of child/ren involved in contact? **Yes/No**
2. Has any adult to use the centre been under investigation, or is currently under investigation, following allegations that a child has been abused? **Yes/No**

 If yes please give brief details:

1. Has any court found, on the balance of probabilities, that an adult to use the Centre, has

 abused a child? **Yes/No**

 If yes please give brief details:

1. Are there or have there been any issues of Domestic Abuse between the parties? **Yes/No**

 If yes, are there current injunctions in force? **Yes/No**

 If yes p*lease give details:*

1. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.
2. Is there any fear that the child/ren might be abducted? **Yes/No**

 If yes please provide details:

1. Are there procedures in place for holding passports? **Yes/No**

 If yes please give details:

1. Are there any relevant mental health issues within the immediate family? **Yes/No** If yes please provide brief details:
2. Does anyone who is to use the Centre, including the child/ren suffer from any disability or special needs? **Yes/No** Please provide relevant information and details of what support they may require:
3. Are there any known allergies or special dietary requirements of any person named on the

 referral form? **Yes/No**

 If yes, please provide full details:

16. Does the child have any known behaviour issues or learning disabilities? **Yes/No**

If yes please provide full details:

17. Are there any issues related to alcohol or substance misuse? **Yes/No**

If yes please provide details:

18. Is English the first language of the family? **Yes/No**

 **If no, state first language and confirm an interpreter has been arranged.**

 **Please give contact details of interpreter (name, organisation and telephone number)**

19. All parties agree to abide by and sign the Centre’s Conditions of Use. **Yes/No**

This is a necessity for contact to be arranged.

20. Are gifts allowed to be given to the child/ren during contact sessions? **Yes/No**

Please give details:

21. Additional background, information or other helpful information regarding contact.

 Any known risk posed, access to weapons, criminal history not already disclosed above.

 Please use separate sheet if necessary.

 **Please Provide full details of known agencies involved with the family**

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| --- | --- |
| Agency and Contact Name | Telephone number and/or email address |
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**By signing this form, I hereby give consent for the named agencies (and those mentioned in the referral form including relevant local authority children’s social care, police and probation services) to be contacted by the Child Contact Centre Coordinator or Child Contact Centre Manager to complete comprehensive risk assessment prior to contact arrangements being confirmed.**

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| **Where applicable:** Solicitor/Mediator Name (Mr/Mrs/Miss/Ms) Please Specify ……………………………………………………………..Firm…..………………………………………………………………………………………………… ……….………………………………………………………………………………………………….Post Code ………………………………………… Telephone No …………………………………… E-Mail………………………………………………………………………………………………………**I have consulted with my client and believe the above information to be correct.****Signed: ………………………………………………… Date: ……………………****Print: …………………………………………………………..** |

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| **Where applicable:** **Resident adult/Non-resident adult**Name (Mr/Mrs/Miss/Ms) Please Specify ………………………………………………………………………………………………………. Address………………………………………………………………………………………………………………Post Code ………………………………………… Telephone No……………………………………. E-Mail……………………………………………………………………………………………………… |
| **I understand that failure to disclose information requested may result in contact being refused.****Resident/Non-resident parent/carer to sign****Signed: Date:****Print:** |

Please return to: YMCA Bournemouth Child Contact Centre

 108 Stourvale Road

 Southbourne

 Bournemouth

 BH6 5JB

Or Via Secure email: ccc@ymcabournemouth.org.uk

**PLEASE NOTE THAT PAYMENTS FOR CONTACT SESSIONS AND PRE-VISITS MUST BE PAID AT LEAST 7 WORKING DAYS PRIOR TO THE PRE-VISIT ARRANGED OR ALL CONTACT DATES WILL BE CANCELLED.**

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| **Office use only** |
| Referral received |  |
| Date of Pre-visit |  |
| Date of first contact  |  |
| Dates Reviewed  |  |
| Contact ended  |  |
| Referral Rejected |  |
| Referral Accepted |  |
| No Show |  |

PRIVACY NOTICE OVERLEAF>>

Privacy Notice – Child Contact Centre

At YMCA Bournemouth, we are committed to protecting and respecting your privacy. Whenever you provide personal information to us, we will treat your information in accordance with this privacy notice and in accordance with the Data Protection Act 2018 (as supplemented by the General Data Protection Regulations).

Our Privacy Policy explains:

* What information we collect and how we collect it
* Why and how we use your information.
* How long we keep your information
* How we may share your information
* Your rights on the information we hold about you
* Security-how we keep your information safe
* Changes to this Privacy Policy
* How to contact us

The Data Controller is YMCA Bournemouth. If you have any questions regarding this process, please contact Jackie.huggett@ymcabournemouth.org.uk or on 01202 434310.

**What information do we collect about you?**

In order to provide our services and for the other purposes set out in use of Information below, we collect and process Personal Data from the users of our Contact Centre. We may collect the following information;

* Personal information (for example, your name, email address, mailing address, phone numbers, date of birth and address)
* Sensitive Personal Data
* Attendance information (such as sessions attended, number of absences and absence reasons)
* Safeguarding incidents

From time to time and as permitted by applicable law(s), we may collect Personal Data about you and update any existing Personal Data that we currently hold from other third-party sources

We collect your information from

* Self-referral Forms
* Safe-referral process from the NACCC website
* Referrals from organisations e.g. Cafcass, Family Solicitors
* Pre-visit checklist

We may also collect information from telephone conversations, emails and written and verbal communications and from records of the Contact Centre sessions.

**How will we use of Information about you?**

Your Personal Data may be used in the following ways:

* To provide our services to you,
* To respond to your requests and inquiries,
* To improve our services, for example follow up calls after leaving our service.
* To request your participation in surveys, or other initiatives which help us to gather information used to develop and enhance our services,
* To comply with applicable law(s) (for example, to comply with a search warrant or court order) or to carry out professional ethics/conduct investigations,
* To enable us to maintain our own accounts and records and to support and manage our employees.

**Consent and lawful basis for processing of data**

YMCA Bournemouth respects your privacy and we are committed to complying with data protection regulations including that we process all personal data lawfully, fairly and in a transparent manner. Part of this transparency requires that we inform you about our lawful basis of processing your data.

There are six available lawful bases for processing: CONSENT, CONTRACTUAL, LEGAL OBLIGATION, VITAL INTERESTS, PUBLIC TASK and LEGITIMATE INTERESTS. For further details of these please visit the [Information Commissioner’s Office.](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/)

We have reviewed the purposes of our activity and selected the most appropriate basis for each. Where none has been found in the case of existing data, we have deleted – or are in the process of deleting – the data and no further contact will be attempted.

We have LEGITIMATE INTERESTS, which include processing such Personal Data for the purposes of;

* providing and enhancing the provision of our services.
* administration and programme delivery
* for dealing with medical needs-any information you provide we must have had explicit consent to use.
* all other cases: that it is necessary for our legitimate interests which are to run the contact centre

**How long will we keep your information?**

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| --- | --- |
| **File Type** | **Retention Period** |
| **HR files** Employment references Redundancy details  |  6 years after employment/volunteering ceases |
| Parental leave  |  5 years from birth/adoption or 18 if child receives a disability allowance |
| Disclosure and Barring Service Certificate (formerly Criminal Records Bureau disclosures certificates) obtained as part of the vetting process.  | The actual disclosure form will be destroyed after 6 months. However, it is advisable that organisations keep a record of the date of the check, the reference number, the decision about vetting and the outcome.  |
| **Finance records**Income tax, NI returns, income tax records and correspondence with IR, Parental leave,Wages and salary records  | HMRC advise you must keep records for **6 years** from the end of the last company financial year they relate to, or longer if: they show a transaction that covers more than one of the company's accounting periods. |
| Supported contact only – Referrals, with court orders or CAFCASS involvement, pre- visit forms, attendance records | Securely disposed of after three years unless a safeguarding or child protection Issue |
| Supported contact only - Self-referrals with **NO** court order or CAFCASS involvement, pre- visit forms, attendance records | Securely disposed of after one year unless a safeguarding or child protection Issue |
| Information relating to paid/unpaid staff not covered above that are not used for three years should be treated as confidential waste and disposed of as such. | Securely disposed of after three years.  |
| Accident books and paperwork relating to safeguarding or child protection issues abouta specific child | Should be kept indefinitely as children can request this information up tothe age of 25 years by Local Authorities. |

**Sharing and Disclosure to Third Parties**

We may disclose your Personal Data to third parties from time-to-time under the following circumstances:

* You request or authorise the disclosure of your personal details to a third party.
* The information is disclosed as permitted by applicable law(s) and/or in order to comply with applicable law(s) (for example, to comply with a search warrant or court order).
* The information is provided to service providers who perform functions on our behalf.
* Hosting providers for the secure storage and transmission of your data
* Legal and compliance consultants, such as external counsel, external auditors
* Technology providers who assist in the development and management of our web properties

**Subject Access/User Rights**

As a user, you are subject to the following rights:

* The right to be informed of the use of your Personal Data
* The right to access and/or to require the correction or erasure of your Personal Data
* The right to block and/or object to the processing of your Personal Data
* The right to not be subject to any decision based solely on automated processing of your Personal Data
* In limited circumstances, you may have the right to receive Personal Data in a format which may be transmitted to another entity.

If you have a complaint in relation to the processing of your data carried out under this Privacy Policy, please contact Jackie Huggett in the first instance, or you have the right to lodge a complaint with the Information Commissioner Office.

You may seek to exercise any of these rights by updating your information online (where possible) or by sending a written request to YMCA Bournemouth Child Contact Centre, The Stourvale Centre, 108 Stourvale Road, Bournemouth, BH6 5JB.

**Information security**

We are working to protect your personal information that we hold, its confidentially, integrity and availability.

* We review our information collection, storage and processing practices, including physical security measures, to guard against unauthorized access to systems.
* We restrict access to personal information to contact centre staff and volunteers subject to strict contractual confidentiality obligations and may be disciplined or terminated if they fail to meet these obligations.
* We have Security Information Policy in place which defines the measures we take to protect your personal information. We use a combination of technology and procedures to ensure that our paper and computer systems are protected, monitored and are recoverable.
* We only use third party service providers where we are satisfied that they provide adequate security for your personal data.

**Compliance and cooperation with regulatory authorities**

We regularly review our compliance with our Privacy Policy. If we receive formal written complaints, we will contact the person who made the complaint to follow up. We work with the ICO to resolve any complaints regarding the transfer of personal data that we cannot resolve with our users directly.

**Changes to our privacy policy**

Our Privacy Policy may change from time to time. We will not reduce your rights under this Privacy Policy without your explicit consent.

**How to Contact Us**

Please contact us if you have any questions about our privacy policy or information we hold about you:

By email -to CCC@ymcabournemouth.org.uk,

call us on 01202 434310,

or write to us at YMCA Bournemouth Child Contact Centre, The Stourvale Centre, 108 Stourvale Road, Bournemouth, BH6 5JB